

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	579	12/26/01
RESPONSE FORMALITY REVIEW	ck	1109	4-18-02
	72	1127	05/06/02

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	11/5/03
2	12/14/02
3	12/14/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here